AMENDED IN SENATE APRIL 17, 2001 AMENDED IN SENATE MARCH 26, 2001

SENATE BILL

No. 111

Introduced by Senator Alpert

January 23, 2001

An act to amend Sections 2069 and 2070 of the Business and Professions Code, relating to medical assistants.

LEGISLATIVE COUNSEL'S DIGEST

SB 111, as amended, Alpert. Medical assistants.

Existing law authorizes a medical assistant to perform specified services relating to administration of medication, performance of skin tests and simple routine medical tasks and procedures, and performance of venipuncture or skin puncture for withdrawing blood, upon specific authorization from and under the supervision of a licensed physician and surgeon, podiatrist, or a physician and surgeon or podiatrist group or corporation. Pursuant to existing law, the specific authorization is required to come from a supervising physician and surgeon or podiatrist, and supervision by a licensed physician and surgeon or podiatrist is required to be within the scope of his or her practice.

This bill would also authorize a medical assistant to perform the above services in specified clinics for a physician assistant, nurse practitioner, or nurse-midwife. In those cases, the bill would provide that specific authorization for the services would be given by a physician assistant, nurse practitioner, or nurse-midwife, and supervision over the services would be performed by a physician assistant, nurse practitioner, or nurse-midwife. The bill would authorize a physician and surgeon in these specified clinics to provide written

SB 111 -2-

instructions for medical assistants, regarding the performance of tasks or duties, which may allow a nurse practitioner, nurse-midwife, or physician assistant to assign a task authorized by a physician and surgeon and may allow the task to be performed when the supervising physician and surgeon is not onsite, so long as certain conditions are met. The bill would provide that a physician and surgeon is not be subject to criminal, civil, or administrative sanctions for the actions of a medical assistant functioning under the supervision of a nurse practitioner, nurse-midwife, or physician assistant pursuant to the bill.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The California Legislature finds and declares all 2 of the following:

- (a) Every year, nonprofit licensed community clinics provide primary health care services, including more than 1.7 million uncompensated visits, to medically underserved populations. Currently, there are 7.3 million uninsured Californians, necessitating expanded access to quality health care through community clinics. The Legislature intends, therefore, to eliminate unnecessary barriers to the utilization of qualified, competent medical assistants who provide care in community clinics.
- (b) Medical assistants are entry-level health care personnel who are authorized under the law to provide care in community clinics, and can only perform medical tasks within their scope of practice, as established by the Medical Board of California. These health care workers are often recruited from within the local community because of their linguistic and cultural sensitivity, which are essential to caring, competent, quality health care. Nothing in this bill is intended to expand the scope of practice of medical assistants, including the performance of any clinical laboratory test or examination for which they are not authorized under the appropriate state or federal laboratory law.
- (c) Nurse practitioners, nurse-midwives, and physician assistants are authorized under the law to train, supervise, and assign tasks to medical assistants, so long as the tasks are within the scope of practice of the medical assistant. However, medical

_3 _ SB 111

assistants are authorized to perform services only when a physician is physically present at the office or clinic. The sole purpose of this bill is to provide nurse practitioners, nurse-midwives, and physician assistants with the legal authority to supervise the work of medical assistants when the physician is not at the clinic site. Nothing in this bill is intended to increase the scope of practice of any nurse practitioner, nurse-midwife, or physician assistant to include the authority to direct a clinical laboratory licensed under state or federal laboratory law.

- SEC. 2. Section 2069 of the Business and Professions Code is amended to read:
- 2069. (a) (1) Notwithstanding any other provision of law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist, and a. A medical assistant may also perform all these tasks and services in a clinic licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code upon the specific authorization of a physician assistant, a nurse practitioner, or a nurse-midwife if prior thereto the medical assistant has had at least the minimum amount of hours of appropriate training pursuant to standards established by the Division of Licensing. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.
- (2) The supervising physician and surgeon at a clinic described in paragraph (1) may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may allow a nurse practitioner, nurse-midwife, or physician assistant to assign a task authorized by a physician and surgeon, and may allow the task to be performed when the supervising physician and surgeon is not onsite, so long as the following apply:
- (A) The nurse practitioner or nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725,

SB 111 — 4—

 or protocol. The standardized procedures or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner or nurse-midwife, and the facility administrator or his or her designee.

- (B) The physician assistant is functioning pursuant to regulated services defined in Section 3502 and is approved to do so by the supervising physician or surgeon.
- (b) As used in this section and Sections 2070 and 2071, the following definitions shall apply:
- (1) "Medical assistant" means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation; for a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the Division of Licensing. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.
- (2) "Specific authorization" means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the nurse-midwife as provided in subdivision (a) authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record; or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient's medical record.
- (3) "Supervision" means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:
 - (A) A licensed physician and surgeon.

5 SB 111

(B) A licensed podiatrist.

- (C) A physician assistant, nurse practitioner, or nurse-midwife as provided in subdivision (a).
- (4) "Technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist; or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a).
- (c) Nothing in this section shall be construed as authorizing the licensure of medical assistants. Nothing in this section shall be construed as authorizing the administration of local anesthetic agents by a medical assistant. Nothing in this section shall be construed as authorizing the division to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.
- (d) Notwithstanding any other provision of law, a medical assistant may not be employed for inpatient care in a licensed general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code.
- (e) No licensed physician and surgeon shall be subject to eriminal, civil, or administrative sanction arising out of action taken by a medical assistant who functions under the supervision of a nurse practitioner, nurse midwife, or physician assistant pursuant to the provisions of this section.

SEC. 2.

- *SEC. 3.* Section 2070 of the Business and Professions Code is amended to read:
- 2070. Notwithstanding any other provision of law, a medical assistant may perform venipuncture or skin puncture for the purposes of withdrawing blood upon specific authorization and under the supervision of a licensed physician and surgeon or a licensed podiatrist; or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a) of Section 2069; if prior thereto the medical assistant has had at least the minimum amount of hours of appropriate training pursuant to standards established by the Division of Licensing. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the training required. A copy

SB 111 <u>-6</u>-

- of the certificate shall be retained as a record by each employer of
 the medical assistant.